

## Questions About Current Medications for Mental Illness

*Summarized by Thomas T. Thomas*

At our March 25 meeting we heard from **Pauline Chan, PharmD**, Senior Pharmaceutical Consultant with the Department of Health Care Services (MediCal) in the Pharmacy Benefits Division, Pharmacy Policy Branch. Her department has a project with the counties, including Alameda County Behavioral Health Care Services, to improve quality of treatment with psychotropic medications.

Dr. Chan graduated from the University of Wisconsin and moved to San Diego, where she worked in the hospital system for almost 25 years. She became pharmacy manager in a mental health hospital in 2000 and “fell in love” with behavioral health—so much that she became board certified as a psychiatric pharmacist and joined NAMI in 2002. Four years later she decided that the way to improve services was to use policy measures and went to work for MediCal in Sacramento.



*PAULINE CHAN, PHARM D*

“We are committed to California’s mental health care management,” she said. “Our goal is recovery, and we look at everything from access issues to self-management. We have a client-centered case model, with the client as the most important part of the treatment program. This is the transformative approach that I had looked for so long.”

The Mental Health Services Act, Proposition 63 passed in 2004, provides the seed money for this transformative case model, she said. Because the client and his or her family are central to the treatment team, Dr. Chan welcomed the opportunity to come to our meeting, hear our questions, and respond to them.

### **Q. Are there any new medications for schizophrenia in the pipeline?**

A. The antipsychotic medications are of two kinds—the first-generation typical medications and the second-generation atypicals like Clozaril (generic: clozapine), Zyprexa (generic: olanzapine), and Abilify (generic: aripiprazole). There are no further breakthroughs, but research is ongoing. All of these second-generation medications act differently. For example, Abilify is both a partial agonist for D2 dopamine neurotransmitter receptors and an antagonist for serotonin receptors.

### **Q. Is there a difference between the six second-generation medications in terms of weight gain?**

A. This is a huge issue. Zyprexa and Clozaril are more associated with weight gain. But all of the atypical antipsychotics are related to metabolic syndrome, which includes high blood pressure, prolactin changes, and risk of diabetes. As a patient, you have to balance the risks and the benefits. We

recommend that everyone on the atypical medications be monitored for glucose, cholesterol, and lipid levels. Most of the weight gain occurs in the first six months and can be controlled with exercise and diet.

**Q. I read a New York Times article that said all the second-generation medications had trouble with weight gain.**

A. We have to educate ourselves and the care team about monitoring weight.. It's not just psychiatric health but physical health is important as well. We need to coordinate treatment so that quality of life is as good as it can be. But of course, resources are in short supply. In Alameda County, for example, you have 40,000 clients and two mental health pharmacists.

**Q. I asked the doctor about Clozaril, and he said people had died of agranular cytolysis.**

A. This is a disorder of the white blood cells. Patients on Clozaril need to have their white cells monitored every two weeks. The cell counts are reported to the manufacturer as a condition of dispensing the drug. This is a safeguard to make sure people are following the regimen. If a patient works with two or more pharmacists, either one can call the manufacturer and verify the monitoring.

**Q. After the FDA approves a medication, are there any longitudinal studies?**

A. New medications go into clinical trials as an Investigational New Drug (IND) to show effectiveness. And after they are marketed, the manufacturers collect information on adverse effects following prescription. They are not mandated to conduct further studies, although many drug companies are now doing this. There have been two studies across different manufacturers: the Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE) to measure quality of life of people taking the second-generation medications in the U.S.; and the Cost Utility of the Latest Antipsychotic Drugs in Schizophrenia Study (CUtLASS), which compared the first- and second-generation medications in the UK. Both of these studies were neutral and sponsored by the government rather than the pharmaceutical companies.

**Q. Is there a medication to help with delusions?**

A. Delusions are part of schizophrenia. We can address the psychotic effects through medication, but there are no medications for delusions, or mistaken ideas, as opposed to hallucinations. However, there are non-pharmaceutical approaches, including cognitive and behavioral therapies.

**Q. Is it common to do "drug cocktails"?**

A. There's no evidence to suggest that poly-pharmacy, or prescribing multiple medications at once, is effective. Also, prescribing two medications of the same class is not a good choice because of the duplication. It is better to exhaust all the possibilities with one agent before you substitute or add to it.

**Q. What about a refractory bipolar patient who does not respond to medication?**

A. When a bipolar patient is in the acute phase, it's not a good time for cognitive therapy because he or she might be too anxious. Care has many aspects and you need to find the right pieces that work together for the person.

**Q. What are the better anti-anxiety medications?**

A. The benzodiazepines like Xanax (generic: alprazolam) are fast acting but can also be addictive, while the non- benzodiazepines like Buspar (generic: Buspirone HCL) are not as addictive.

**Q. Are there any differences between generic and brand-name medications?**

A. There is no difference. I would readily replace a drug with its generic—although there may be a placebo effect with the brand name. California law allows a pharmacist to replace a brand name with its generic.